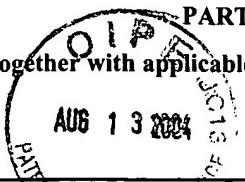


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**



**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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(703) 746-4000**

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26389 7590 05/12/2004

CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS,
PLLC
1420 FIFTH AVENUE
SUITE 2800
SEATTLE, WA 98101-2347

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Carole Julian	(Depositor's name)
<i>Carole Julian</i>	(Signature)
August 10, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/830,529	07/30/2001	Rudolf Kammerreck	WSUR117373	9636

TITLE OF INVENTION: USE OF CLAY AND LIPID FORMULATIONS TO PROTECT HORTICULTURAL CROPS FROM SUNBURN AND INSECT DAMAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENTI, ANDREA M	3643	047-0581FV

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Christensen O'Connor
1. Johnson Kindness PLLC

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Washington State University
Research Foundation

Pullman, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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Issue Fee
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 Payment by credit card. Form PTO-2038 is attached.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) <u>Karen Blöchliger</u>	(Date) 8/10/04
Karen Blöchliger, Ph.D., Reg. No. 41,395	

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08/16/2004 BSAYAS12 00000081 09830529

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